

**Geramy Hudson, MA LMHC
BURIEN COUNSELING
14233 AMBAUM BLVD SW #R
BURIEN, WA 98166-2837**

CREDIT CARD ON FILE POLICY

As a condition to providing treatment, Geramy Hudson, LMHC, will require you to provide a valid credit card number for us to keep on file in order to secure payment for the portion of services that your insurance company will not cover, but for which you are responsible.

Your credit card information will be kept confidential and secure and only authorized staff (JS Billing Services) will have access to the information as necessary to manage your account balance with us. Your supplied credit card will be charged only under the following circumstances:

1. After your claims have been processed by your insurer, and your insurance company determines your responsibility for any amounts due for the services you have received.
2. For all current patient balances, including co-pays, deductibles, co-insurance and charges not allowed by your insurance company.
3. Services not covered by insurance
 - a. Cancellations that are less than 24hrs from your scheduled appointment and or missing your appointment with no communication to the provider beforehand-\$75
 - b. Court Appearances-\$250/hr
 - c. School Visit-\$250/hr
 - d. Phone calls outside of regularly scheduled appointments-\$140/hr

Authorization: I authorize Geramy Hudson, LMHC, to charge the portion of my bill that is my financial responsibility to the following credit card:

Ame Visa Mast card

Credit Card Number _____

CVV (3-Digit) _____ Exp Date _____

Cardholder Name _____

Billing Address for the Card _____

City _____ State _____ Zip _____

I, the undersigned, authorize and request Geramy Hudson, LMHC, to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by Geramy Hudson, LMHC. This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to Geramy Hudson, LMHC, in writing and the account must be in good standing.

Client signature

Date